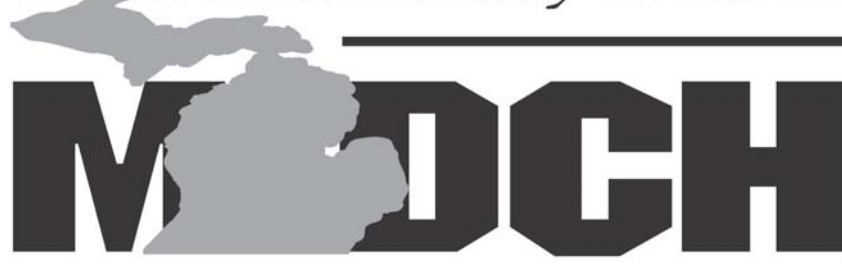


*Michigan Department
of Community Health*



Office of Drug Control Policy

DRAFT

STATE OF MICHIGAN

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

OFFICE OF DRUG CONTROL POLICY

STRATEGIC PLAN

2004-2009

Jennifer M. Granholm, Governor

**Janet Olszewski, Director
Michigan Department of Community Health**

**Yvonne Blackmond, Director
Office of Drug Control Policy**

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
OFFICE OF DRUG CONTROL POLICY – STRATEGIC PLAN
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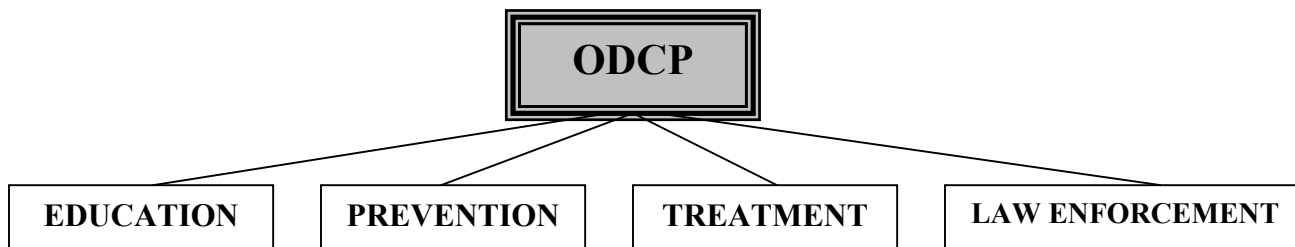
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EXECUTIVE SUMMARY

Michigan's Office of Drug Control Policy (ODCP) has a mission – to reduce the use and abuse of illicit drugs and related violence. Through a reorganization completed under the leadership of Governor Jennifer M. Granholm, all facets of drug policy were brought together under the Office of Drug Control Policy. These include Education, Prevention, Treatment and Law Enforcement.



Established by Executive Order 1991 – 20 and moved to the Department of Community Health in Executive Order 1996 – 2, the Office of Drug Control Policy has the responsibility to “serve as the coordinating office for all agencies of the Executive Branch of government which are responsible for programs related to drug-abuse prevention, drug-abuse treatment and drug law enforcement and develop a state drug-abuse prevention, drug-abuse treatment and drug law enforcement plan.”

To carry out this responsibility with a comprehensive and collaborative approach, the Office of Drug Control Policy has set forth the following goals:

- I. Protect youth from substance abuse and related violence.
- II. Reduce the demand for alcohol and other drugs and their harmful effects on young people and adults.
- III. Reduce the supply of illicit drugs.
- IV. Restore people to dignity.

The accomplishment of these goals is supported through the related recommended approaches and performance measures set out in Section 3 and the comprehensive approach described in Section 4.

Along with these goals, the Office of Drug Control Policy has formalized the following three core beliefs:

- I. We believe that no child is disposable.
- II. We believe that we can help to restore people back to dignity.
- III. We believe in accountability.

SECTION I – EXTENT OF THE PROBLEM

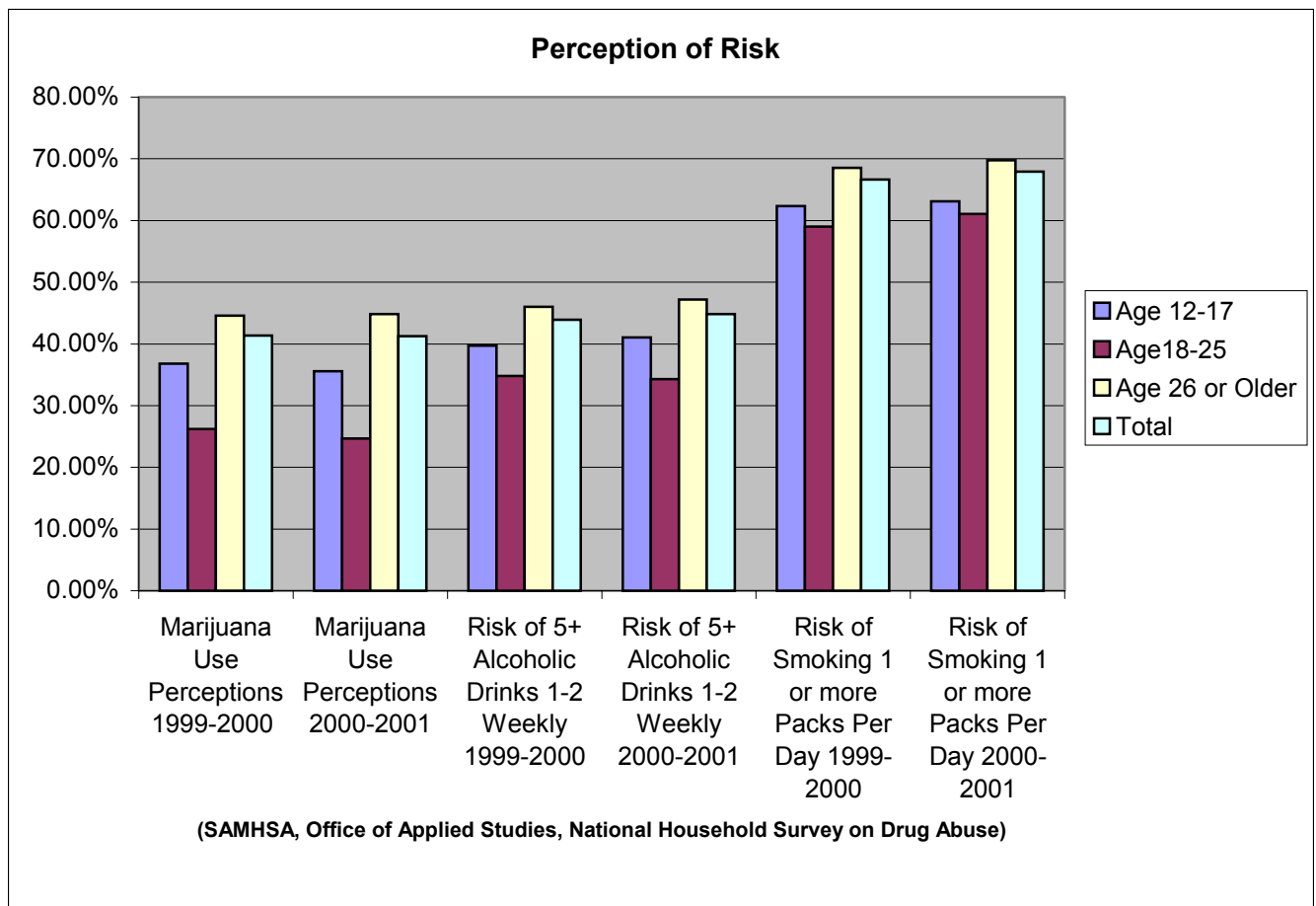
The State of Michigan has worked for decades to reduce the number of people using and abusing illicit drugs. For the purposes of this strategy, illicit drugs are defined as, “any illegal substances for adults and alcohol, tobacco and other drugs for minors”.

A. YOUTH

While many would adopt the defeatist attitude that we cannot make a difference in this arena, the numbers show that we are making a difference. As the following charts show, Michigan has made great progress in reducing the number of youth who smoke, drink and use other drugs. While much progress has been made, our job is not done. Even one young person succumbing to addiction is one too many.

Age of first use is also a concern. Studies show that the younger a person begins using an illicit substance, the higher the likelihood that they will become addicted. If we can keep our young people from beginning to use alcohol, tobacco or drugs, we will see a corresponding decrease in the number of addicted adults.

Before we can convince our youth not to try alcohol, tobacco or other drugs, we must educate them on the dangerous consequences of use. Perception of risk is a leading indicator of use. The higher the perceived risk, the lower the subsequent use. The following chart shows the progress that has been made but it also shows that we have done a better job convincing our young people that tobacco is riskier than we have with marijuana. Again, there is much work to do.



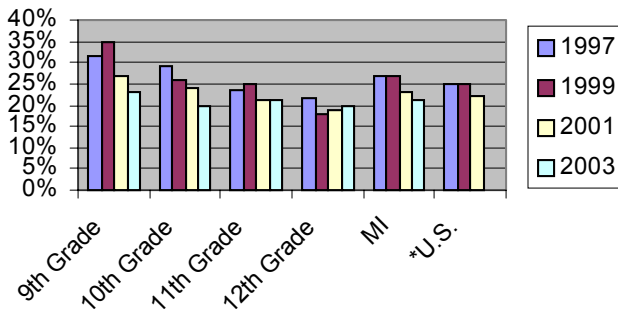
TOBACCO

Michigan has made great progress in reducing the number of students who smoke. In 1997, our 38% figure was higher than the national average. In the subsequent surveys, Michigan has experienced dramatic reductions and in 2001 was

Twelfth (12th) graders have gone from 47% smoking in 1997 to 31% -- an additional 16% reduction!

below the national average by four percentage points - (U.S. 33.9%, Michigan 29.9%). Twelfth (12th) graders have gone from 47% smoking in 1997 to 31% -- **an additional 16% reduction!** During the same period, we have seen the percentage of youth who first try smoking before age 13 drop from 27% to 21%.

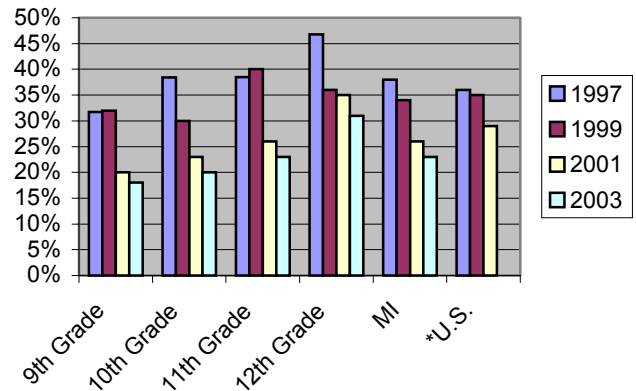
Smoked a cigarette for the first time before age 13



1997-2003 Michigan Youth Risk Behavior Survey

(*U.S. numbers for 2003 are not yet available)

Cigarette use in the past 30 days



1997-2003 Michigan Youth Risk Behavior Survey

(*U.S. numbers for 2003 are not yet available)

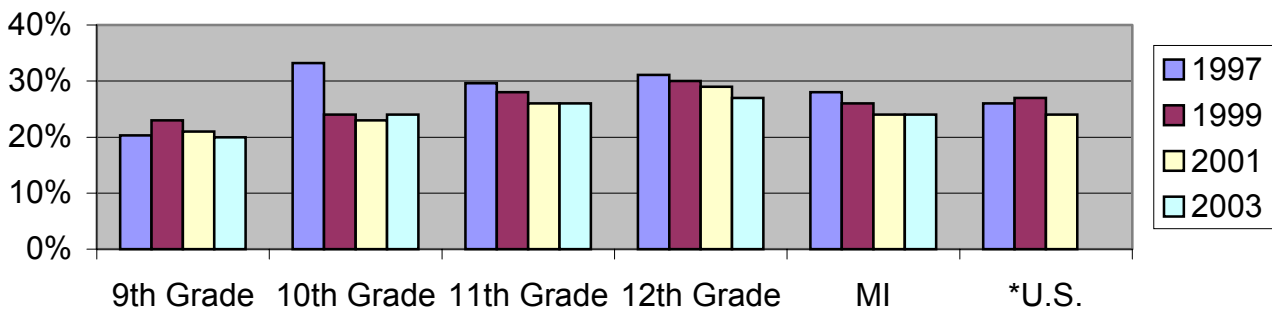
MARIJUANA

The most common illegal drug used by youth is marijuana. The following chart shows that Michigan is also making

Michigan has gone from 28% use by students in 1997, to 24% -- an additional 4% reduction.

progress in reducing marijuana use. Michigan has gone from 28% use by students in 1997, to 24% -- **an additional 4% reduction.**

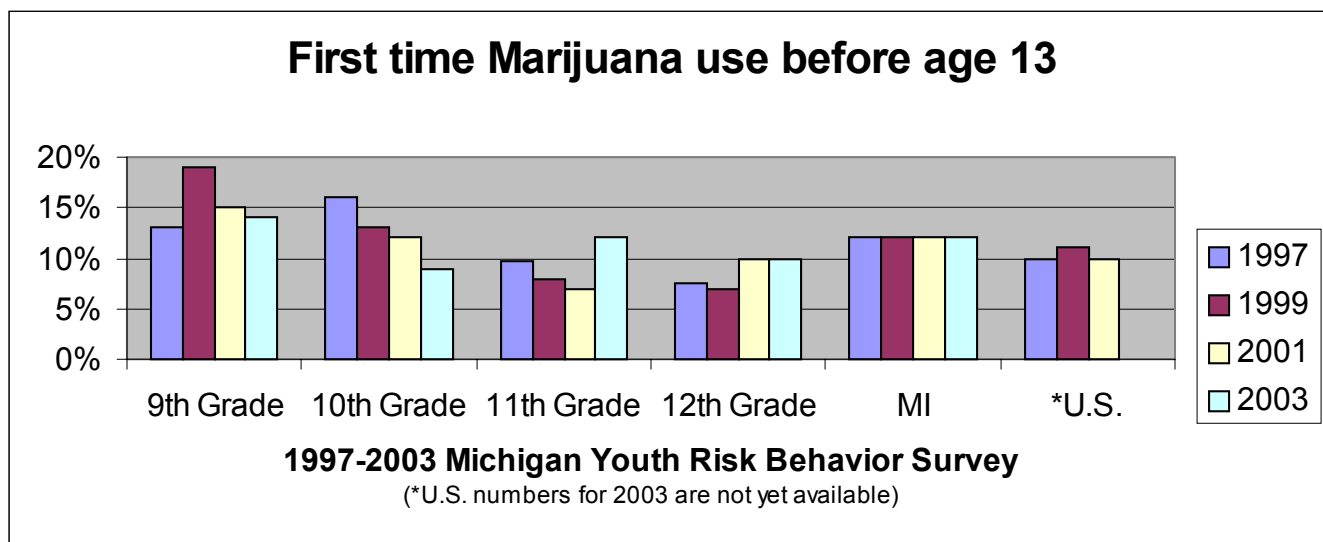
Marijuana use in the past 30 days



1997-2003 Michigan Youth Risk Behavior Survey

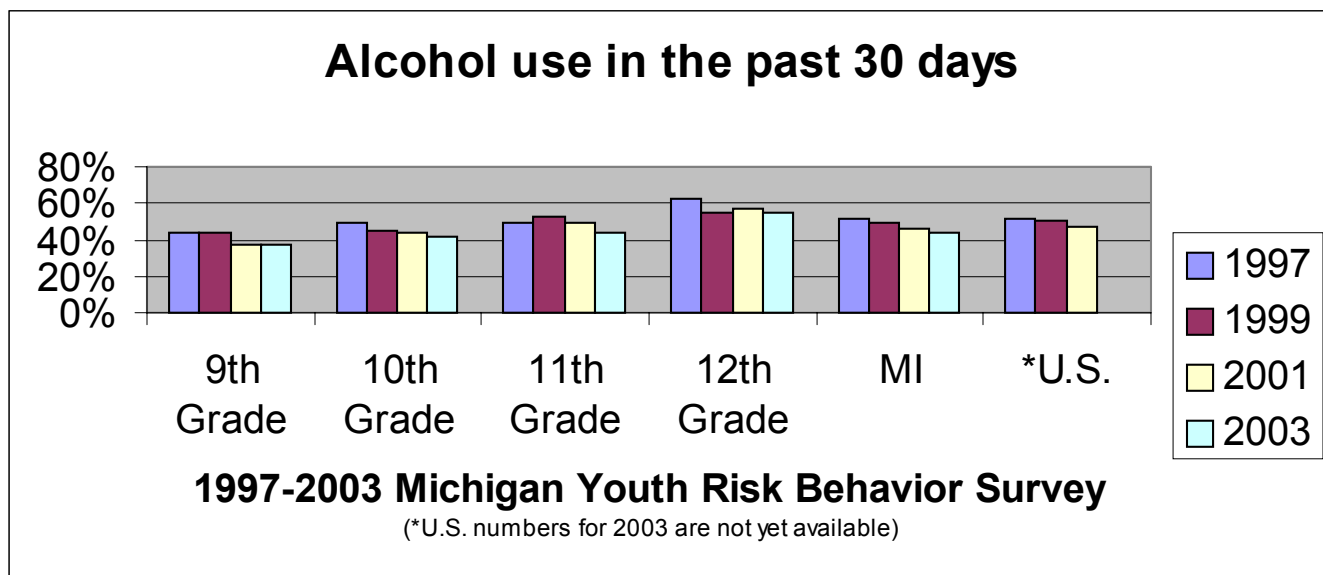
(*U.S. numbers for 2003 are not yet available)

The number of Michigan youth who first try marijuana before age 13 has remained consistent at 12% since 1997. Our numbers remain above the U.S. average and are a cause for concern. More must be done to educate our youth about the dangers of marijuana use.

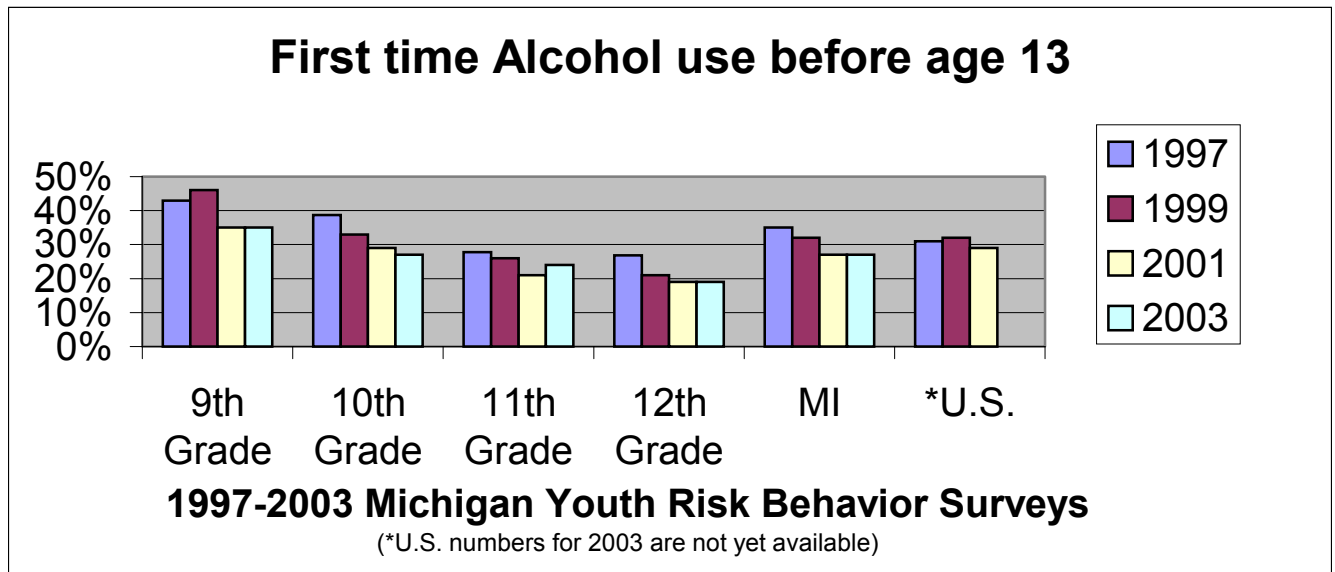


ALCOHOL

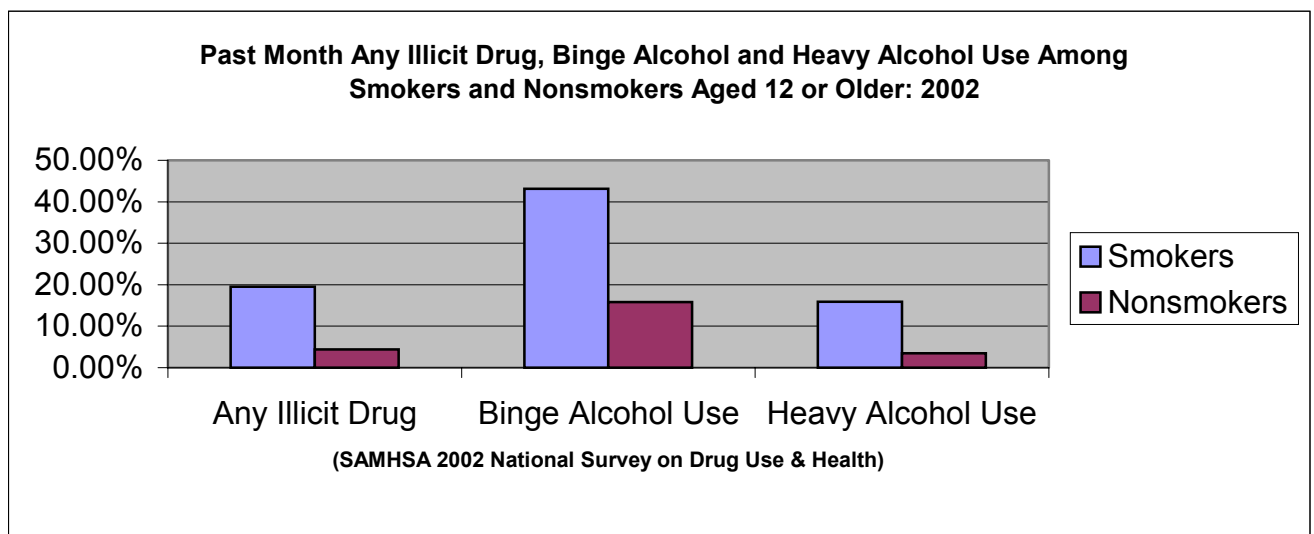
Alcohol continues to be the most commonly abused substance by our youth. While we are seeing downward trends, the level of underage alcohol use is still unacceptably high at 44%. Alcohol-related deaths are the leading cause of death for our young people. More must be done to change the environment in which illegal use of alcohol by minors is accepted, ignored or even condoned.



While we are making some progress in reducing the number of young people that begin to experiment with alcohol before the age of 13, more must be done. Health care providers are finding cases of alcohol-related cirrhosis of the liver in people in their 20's. This is directly related to early onset of alcohol use before the internal organs have matured. Young people who begin drinking before age 13 are four times more likely to become addicted than those who begin at age 21.



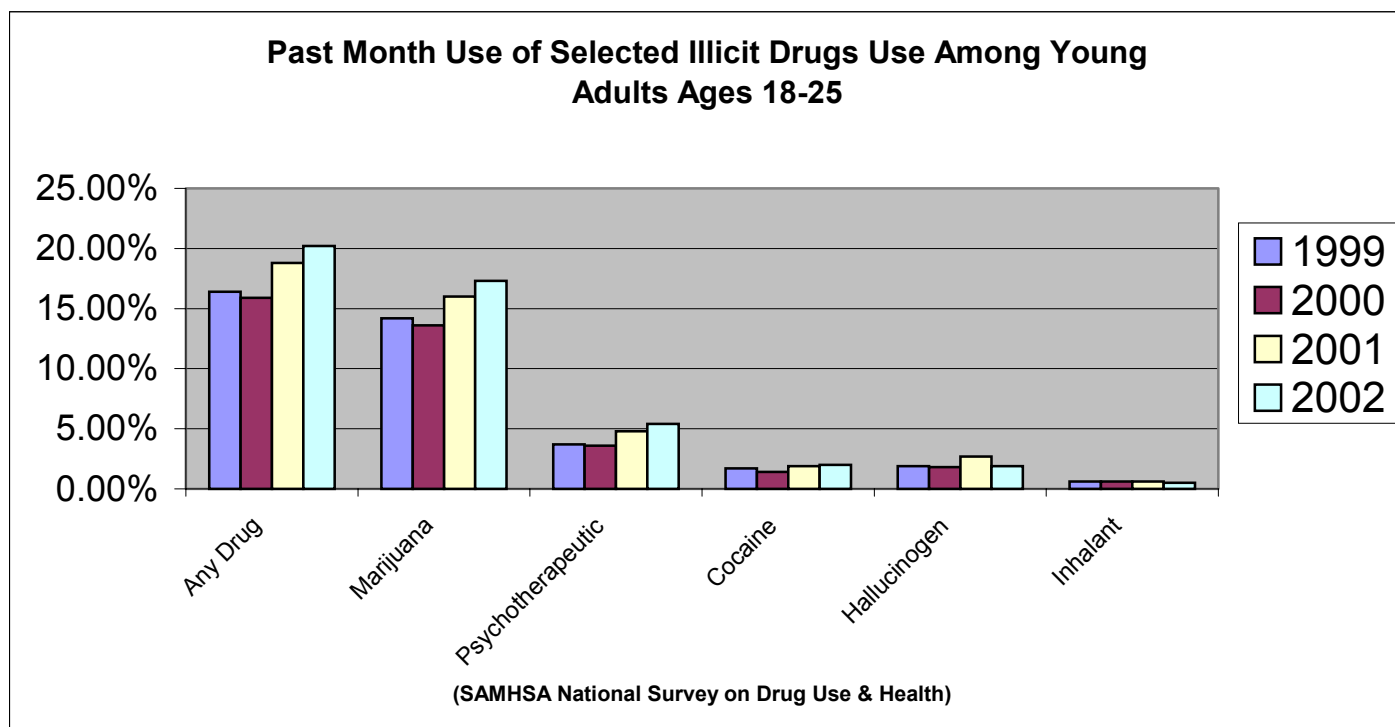
The following chart shows the connection between smoking and other risk behaviors. For a long time, tobacco has been considered a “gateway” drug, meaning that young people will often experiment with tobacco and move on to other substances such as alcohol and other drugs. By learning to obtain and use tobacco without being caught or stopped, our young people learn the “skills” needed to obtain and use other harmful substances. We cannot overemphasize the importance of restricting the availability of tobacco products to our youth.



Our young people are the future of Michigan and our most precious resource. We must do more to protect them from alcohol, tobacco and other drugs to ensure their healthy, successful futures.

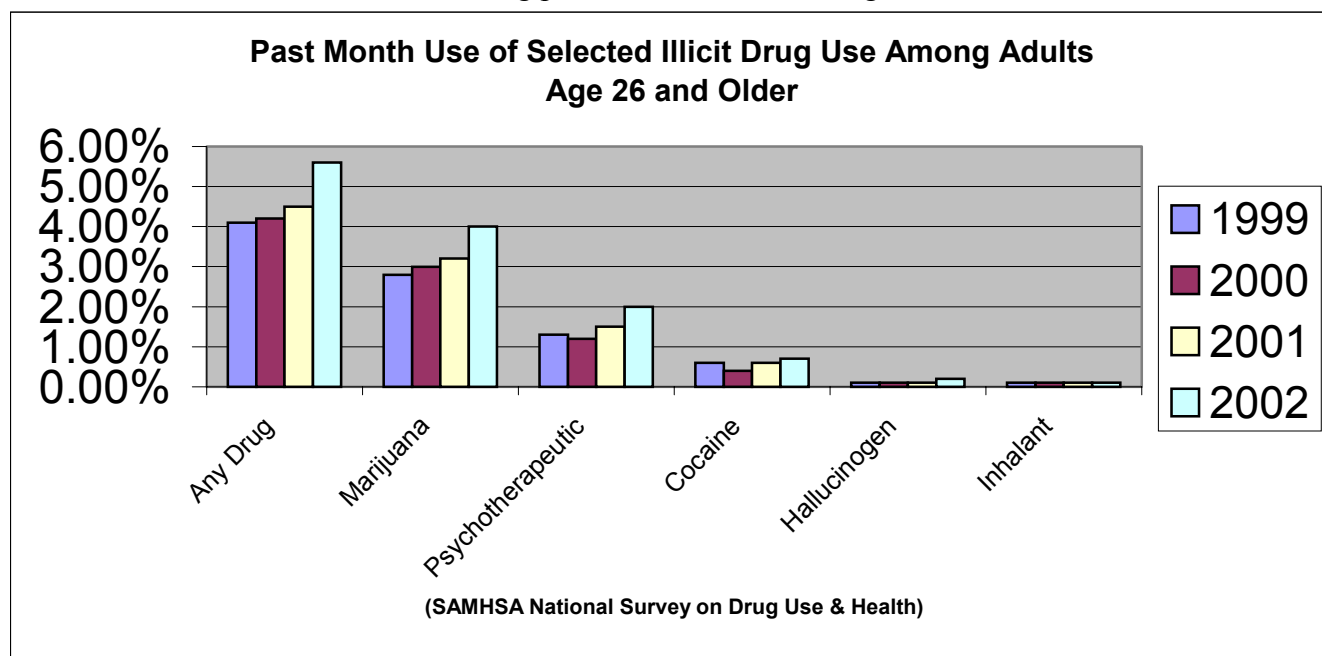
B. ADULTS

Young adults, ages 18-25, are a group that continues to show increases in usage patterns.

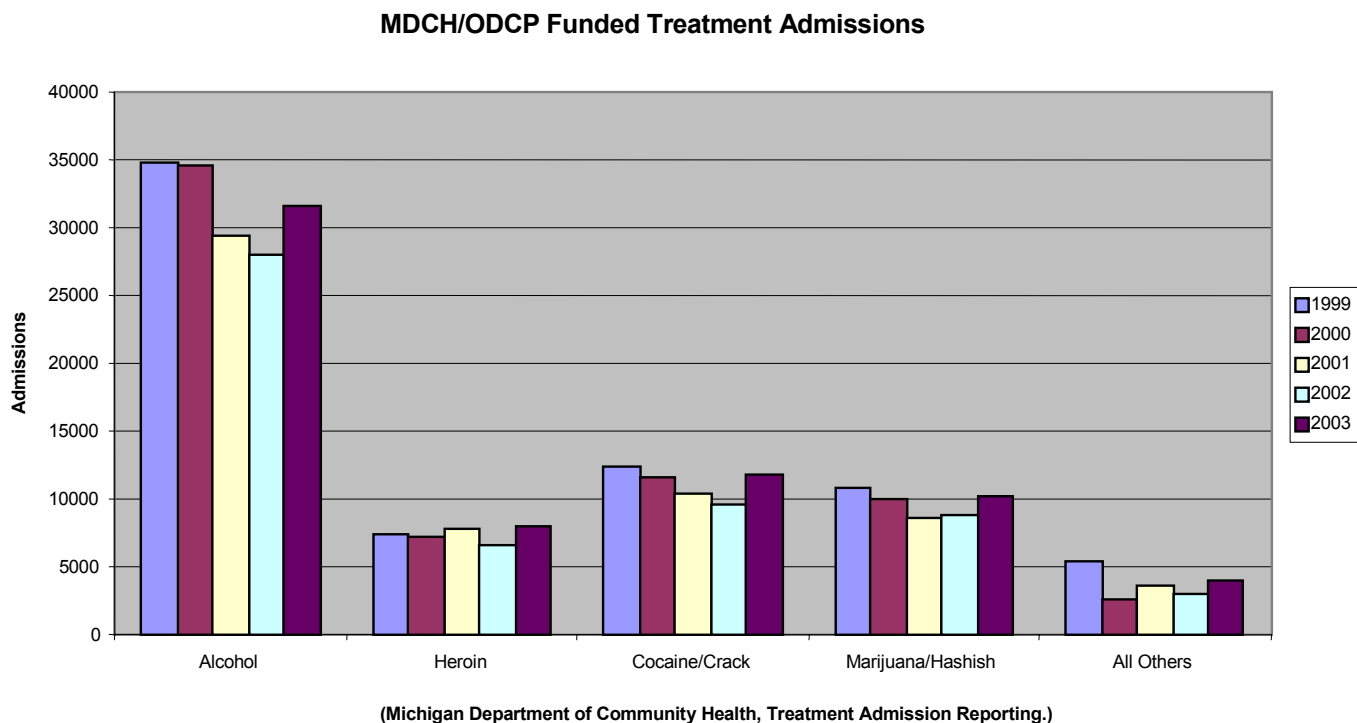


(Psychotherapeutic or prescription drugs of abuse, i.e., stimulants, sedatives, pain relievers)
(Hallucinogen, i.e., LSD, Peyote, Psilocybin Mushrooms)

Adults 26 and older are also showing problematic trends in usage.



The reported primary substance of abuse for publicly funded clients in Michigan has remained relatively stable over the past five fiscal years. Alcohol is reported as the primary drug in approximately half of all admissions into treatment. No other substance or drug is reported with this kind of frequency. The other half of all admissions, in order of prevalence, includes cocaine/crack, marijuana/hashish, and heroin. When other opiates are combined into the heroin category, then the general distribution of reported primary substances has been stable at approximately one-half alcohol, and then approximately one-sixth each of all admissions for cocaine/crack, marijuana/hashish, and heroin/other opiates.



C. EMERGING DRUG TRENDS

METHAMPHETAMINE

One of the more recent threats to Michigan in the drug arena is methamphetamine. This highly addictive stimulant is a double threat due to its manufacture in clandestine labs that are highly flammable and toxic. For every pound of methamphetamine that is “cooked” in these small labs, it is estimated that six pounds of toxic waste are created – most of which is dumped on the ground. Children present in these home labs are exposed to the toxic fumes and toxic adults who are using the drug. Violence abounds in these environments and child abuse and neglect is far too common.

In 1997, the Michigan State Police recorded the seizure of three methamphetamine labs. In 2003, the total was 186. Environmental cleanup of these sites is a growing concern.

Treatment admissions for methamphetamine have greatly increased, as demonstrated in the following chart:

Methamphetamine as Primary, Secondary, or Tertiary Drug among Treatment Admissions FY99-FY03 Michigan (Number of cases)					
	FY99	FY00	FY01	FY02	FY03
Primary drug	122	101	165	280	506
Secondary drug	82	115	138	208	306
Tertiary drug	107	98	132	172	212
Total cases	311	314	435	660	1,024
<small>(Calkins, Richard. 2003. Methamphetamine and Other Stimulants in Michigan. Michigan Office of Community Health, Office of Drug Control Policy.)</small>					

POLY DRUG USE

Over the past five years, poly drug use has increasingly become the norm, with a wide variety of combinations involved. Major drugs of abuse include cocaine, heroin, other opiates and analgesics, marijuana, stimulants, depressants, hallucinogens, “club drugs” and various others.

HEROIN

While heroin has been around for a long time, use of heroin in Michigan has increased in recent years. From 1999 to 2002, emergency rooms in Southeast Michigan have reported a 46% increase in patients that mention heroin as a cause of the hospital visit. Heroin involved deaths have been steadily increasing since 1992 with 496 such deaths occurring in Detroit and Wayne County in 2002.

PRESCRIPTION MEDICATION ABUSE

Abuse of hydrocodone (Vicodin) and oxycodone (Oxycontin) has been increasing, often diverted from legitimate prescription sources. These drugs are typically prescribed for treatment of pain.

CLUB DRUGS

Club drugs or rave drugs are so named because of their connection to all night dance parties. The general category of club drugs includes ecstasy, GHB, rohypnol, ketamine and others. Abuse of these drugs may now be in decline, although it appears that there were relatively high levels of ecstasy abuse up until 2002. GHB, known as the date rape drug, has most recently been declining. An increase in the use of methamphetamine in the rave scene is a troubling trend.

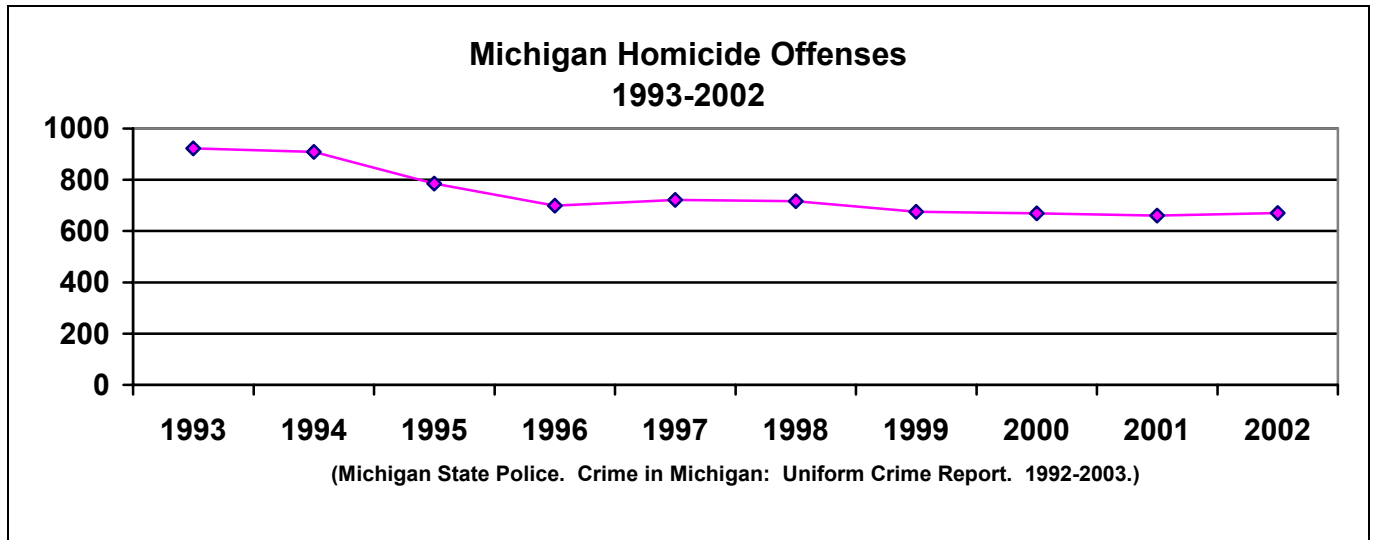
MARIJUANA

Marijuana abuse has remained stable over the past five years. Increasing mentions of marijuana have been reported among emergency department cases in Southeast Michigan, with significant increases involving 18-25 year olds and females. Marijuana is involved in 40% of state-funded treatment admissions in the past two fiscal years. These trends indicate the changing chemical makeup and potency of marijuana.

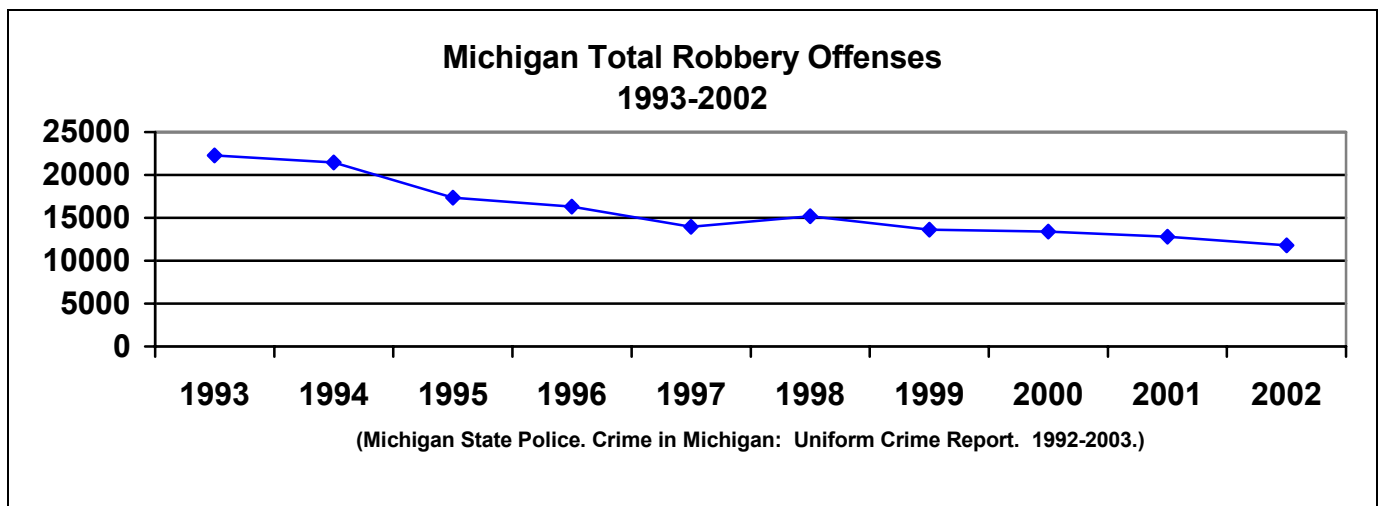
D. CRIME STATISTICS

It has long been understood that there is a direct correlation between drug use and crime. One of the ways that we measure progress in the drug war is to track the number of drug-related crimes. The following information is offered to show the general downward trend in serious personal crime.

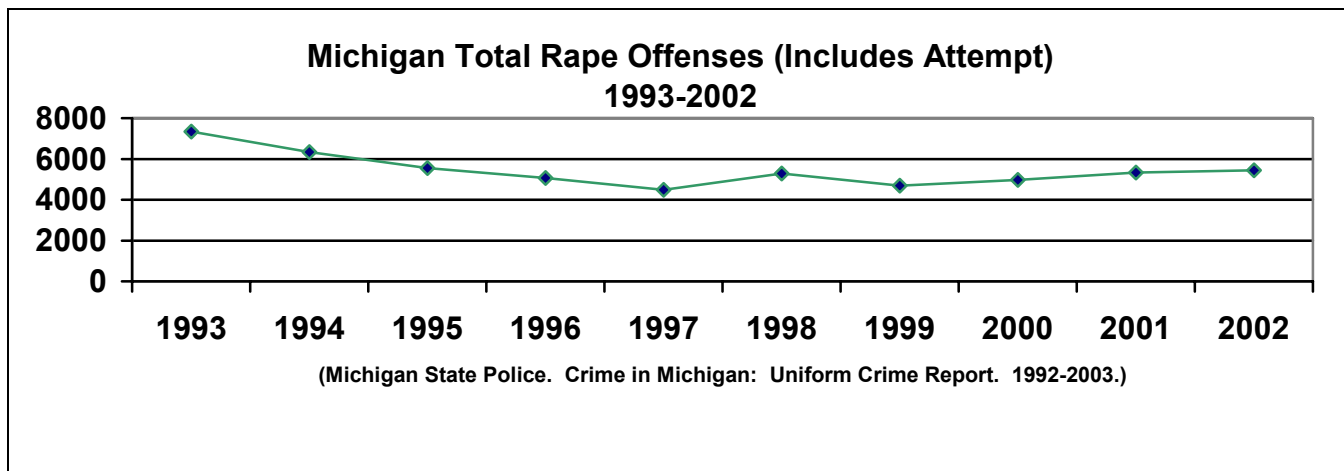
There has been a dramatic decrease in homicides over the 10-year period from 1993 to 2002. Since 1993, the level of homicides has decreased 27%. From a high of over 900 homicides in 1993, there has been an average of 667 homicides in the last three years (2000-2002). Because reported homicides are not influenced by reporting irregularities, this chart is an important indicator of the decrease in one significant element of violent crime in Michigan.



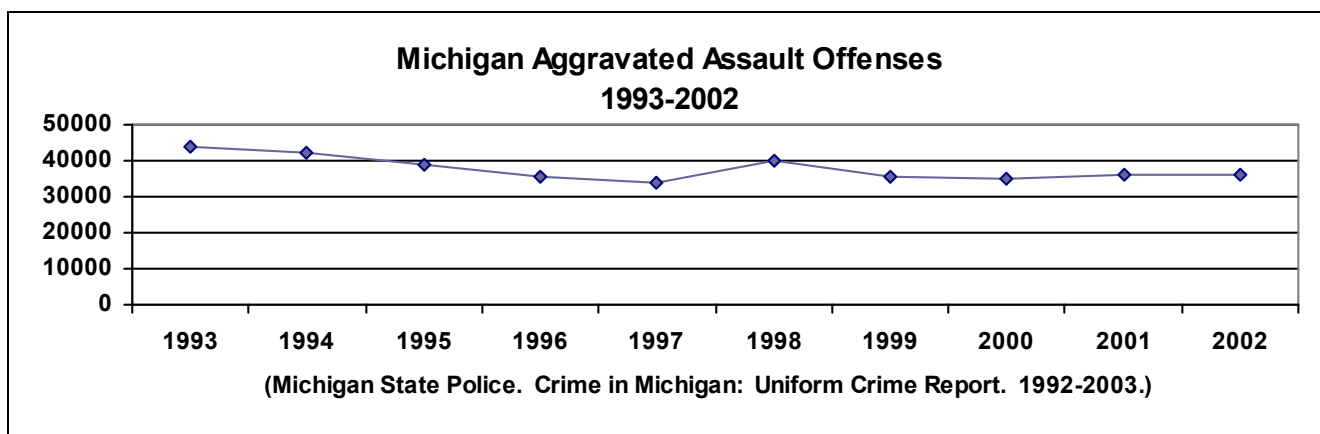
Robbery also has shown a substantial and steady decline over the 10-year period. From its peak in 1993 (22,261), robbery declined 37% by 1997 and 47% over the entire 10-year period.



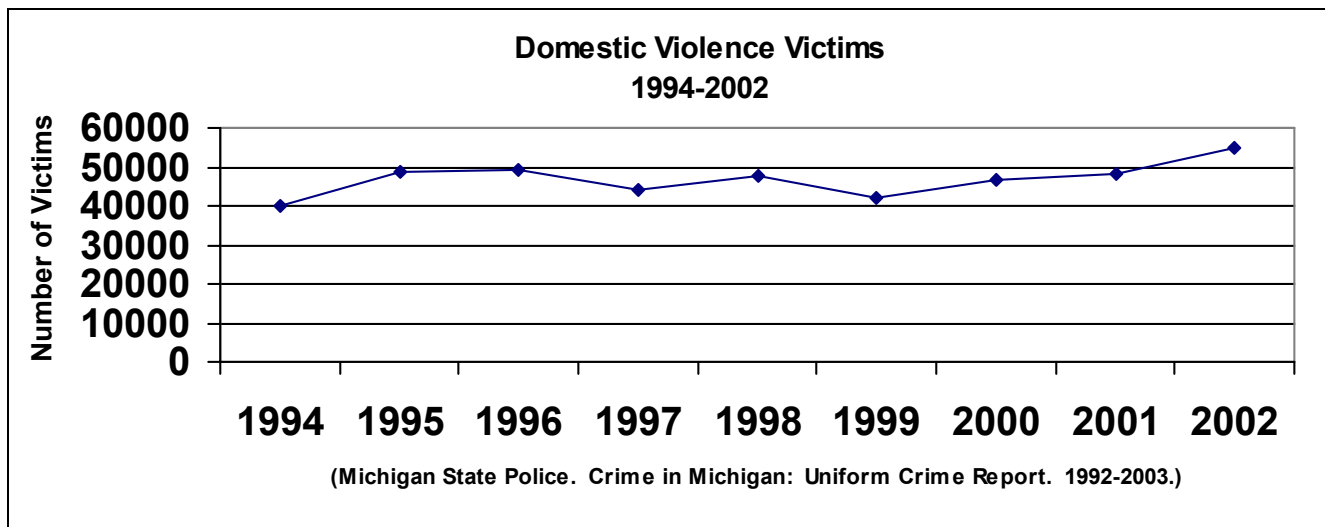
From a 10-year high in 1993, there was a steady decline in the number of rapes until 1997. As evident in the following chart, the number of rape offenses declined 39% from 1993-1997. Since 1999, the number of rapes has been on a steady, yet slight, increase. The number of rapes from 1999-2002 increased an average of 4.8% per year. However, the 10-year period experienced an overall decrease of 26% in rape offenses.



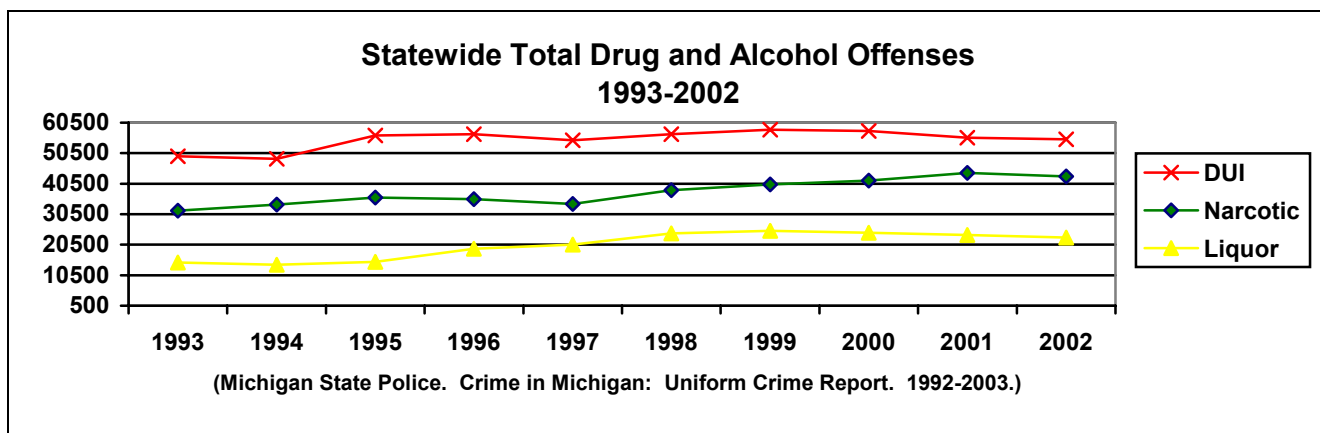
The number of aggravated assault offenses steadily decreased from 1993 through 1997 by 23%. There was a sharp increase (16%) in the number of aggravated assaults in 1998, however the number of offenses have declined since and remained relatively stable since 1999, hovering around 35,500 offenses. Over the 10-year period there was a 17% decrease in aggravated assault offenses.



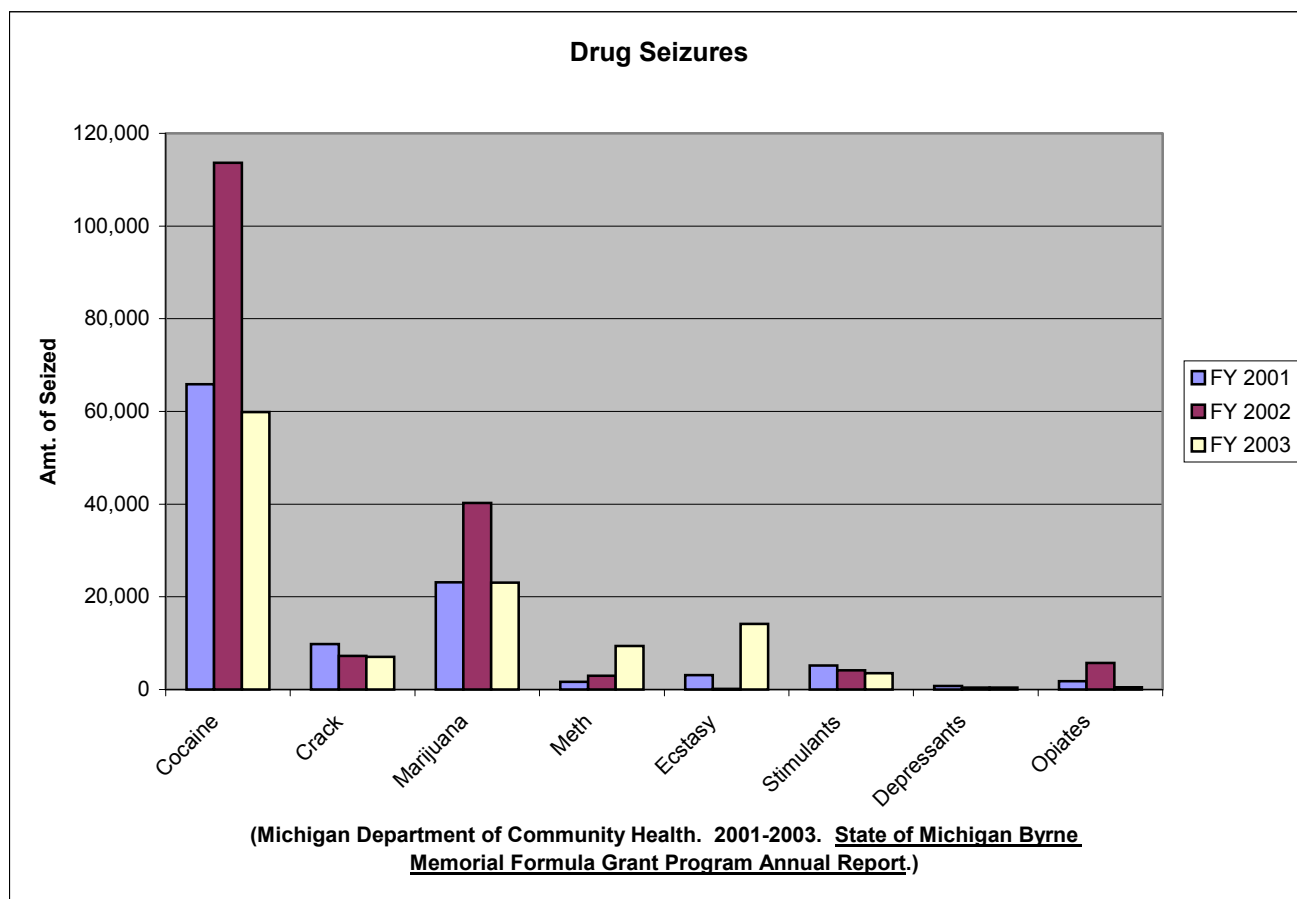
The number of reported domestic violence victims has increased over the last nine years. From a low of 39,977 victims in 1994, the number of reported victims reached a high of 55,093 in 2002. This represents a 38% increase. As previously mentioned, this increase may be a result of increased reporting of incidents as domestic related and may not reflect actual changes in behavior. It is important to note that this grouping of offenses is directly related to substance use and abuse.



Total drug and alcohol offenses during the past decade rose from 1993-1998; however, since 1998 numbers have remained relatively stable for liquor and DUI offenses. Narcotic offenses have continued to slowly increase since 1998. Liquor offenses have shown the highest increase over the 10-year period (55%), followed by narcotics (35%) and DUI (11%). However, in contrast to the UCR Part I crimes, the drug and alcohol crimes reported below largely reflect law enforcement agencies' self-initiated involvement in enforcement. These offense categories are, to a large degree, more a measure of law enforcement activity than a precise indicator of the drug or alcohol problem.



Another way to track drug trends is to follow the types and amounts of drugs seized by the multijurisdictional drug task forces. In this graph, cocaine, crack, methamphetamine, ecstasy and opiates are stated in grams, marijuana in pounds and stimulants and depressants are in dosing units.



SECTION II – GOALS, OBJECTIVES, RECOMMENDED APPROACHES AND PERFORMANCE MEASURES

GOAL ONE – PROTECT YOUTH FROM SUBSTANCE ABUSE AND RELATED VIOLENCE

OBJECTIVES:

- **PROMOTE:**
 - Promote zero tolerance for drugs and violence in schools.
 - Promote prevention programs that reduce violence and substance abuse.
 - Promote mentoring as an effective prevention strategy.
 - Promote drug treatment court activity and other community-based programs to reduce substance abuse and related criminal activity.
- **ENCOURAGE:**
 - Encourage the creation of safe and drug free learning environments for youth.
 - Encourage the use of research-based programs to maximize effectiveness.
 - Encourage and assist the establishment and growth of community coalitions for substance abuse prevention.
 - Promote and model collaboration that reduces duplication of efforts, maximizes resources and assures that local needs are met.
- **IMPROVE:**
 - Advocate for school environments that promote a strong no use message to youth.
 - Advocate for community norms, policies and ordinances that foster an environment which decreases youth access to alcohol, tobacco, marijuana and other drugs.
 - Strengthen law enforcement's efforts in reducing juvenile crime and delinquency.
 - Improve the ability of criminal justice agencies to reduce violent crime, including a reduction in the availability of guns and other weapons.
- **FUND:**
 - Fund effective programs that educate youth to reject use of alcohol, tobacco, marijuana and other drugs.
 - Fund effective programs that increase assets (protective factors) and decrease deficits (risk factors) to protect our youth.
 - Fund programs that include parents, community and faith-based organizations to assist in keeping youth drug and violence free.
 - Fund effective programs that educate parents, guardians and mentors on their role in preventing drug use.
 - Provide funding to law enforcement, prosecution and courts to break the cycle of domestic violence.

GOAL ONE – PERFORMANCE MEASURES

- **FY 2004 – 2005 – 2006:**
 - Reduce by 10% the number of weapons-related incidents as measured by school reports to the Center for Educational Performance Indicators (CEPI) using the 2001-2002 Report as a baseline (1727).
 - Reduce by 10% the number of violence-related expulsions as measured by school reports to CEPI, using the 2001-2002 Report as a baseline.
 - Reduce by 15% the number of drug-related expulsions as measured by school reports to CEPI, using 2001-2002 data as a baseline.
 - Increase the number of out of school youth receiving prevention services as reported in Governor's Discretionary grantee reports, using 2001-2002 Final Performance Report as baseline.

- **FY 2007 – 2008 – 2009:**
 - By 2009, increase the number of youth who perceive drug use to be wrong and harmful by 30% from the levels reported by the 2002 National Household Survey on Drug Use and Health.
 - By 2009, decrease the number of youth reporting past 30-day use of alcohol, tobacco, marijuana and other drugs by 30% from the levels reported in the 2003 Michigan Youth Risk and Behavior Survey.
 - By 2009, decrease the number of youth that begin to use alcohol, tobacco, marijuana and other drugs before the age of 13 by 30% from the levels reported in the 2003 Michigan Youth Risk Behavior Survey.
 - By 2009, decrease the number of youth using alcohol, tobacco, marijuana and other drugs by 30% from the levels reported in the 2003 Michigan Youth Risk Behavior Survey.
 - By 2009, increase the number of research-based prevention programs by 10% from the levels reported in FY04 reports from funded entities.

GOAL TWO – REDUCE THE DEMAND FOR ALCOHOL AND OTHER DRUGS AND THEIR HARMFUL EFFECTS ON YOUNG PEOPLE AND ADULTS

OBJECTIVES:

- **PROMOTE:**
 - Promote effective drug-free workplace programs that emphasize substance abuse prevention, intervention, treatment and referral services.
 - Support strategies in treatment that promote successful completion.
 - Advocate for community norms, policies and ordinances that foster an environment that reduces youth access and availability to alcohol, tobacco, marijuana and other drugs.
- **ENCOURAGE:**
 - Coordinate efforts to educate Michigan citizens on the dangers and consequences of alcohol, tobacco and other drugs.
 - Encourage the use of research-based prevention programming through training, technical assistance and contractual requirements.
 - Encourage and increase the participation of non-public schools and faith based organizations in school and community-based prevention programs.
 - Support professional development, education and training of service providers, grantees and staff.
 - Ensure statewide interventions for early diagnosis of HIV, TB and STI's (sexually transmitted infections) in the substance (ab)using population to reduce the transmission of these diseases.
 - Enable continuous quality improvement and accountability among ODCP and contractors.
- **IMPROVE:**
 - Provide training to substance abuse treatment professionals on research-based treatment practices.
 - Require and assist state-funded providers to deliver appropriate treatment, case management and follow up.
 - Provide training to substance abuse professionals on the harmful effects of alcohol and other drugs.
 - Reduce the inappropriate use of legal drugs through effective treatment.
 - Increase reliability of clinical outcome measures to be routinely incorporated, validated by providers, and accumulated by the Management Information System to assist in identification and promotion of the most effective treatment strategies.
 - Enhance support for Coordinating Agencies (CAs) and providers groups.
 - Assure that authoritative, pertinent information is readily available to state and local decision makers.
 - Improve the performance of system management and direct services.
 - Minimize financial costs and service disruptions.
- **FUND:**
 - Work with the State Court Administrative Office, Department of Corrections, judges, prosecutors and law enforcement to develop a funding strategy to expand the number and size of drug treatment courts in Michigan.

GOAL TWO – PERFORMANCE MEASURES

- **FY 2004 – 2005 – 2006:**
 - Increase the number of clients successfully completing the course of treatment by 5% as reported in the MDCH/ODCP Data Collection System.
 - Increase the number of participants in drug treatment courts and other correctional-based treatment programs by 20% as measured by progress reports.
 - Eighty percent (80%) of all Coordinating Agency (CA) contracted substance abuse providers will use research-based treatment practices as reported by Coordinating Agencies (CAs).
 - By 2005, assure that authoritative, pertinent information is readily available through website postings to state and local decision makers and stakeholders.
 - By 2005, improve the performance of system management and direct services semi-annually, issuing a report of findings on key performance indicators reflecting the management and delivery of publicly funded AOD services.
 - By FY 2005, issue quantitative performance goals concerning system management and services delivery.
 - Beginning 2006, issue reports at least semi-annually that show over-time performance measures within the public system, describing past-year efforts to improve system performance, and steps to be taken in the coming year to bring about further improvements.
 - Enhance collaboration with Coordinating Agencies (CAs) and providers.

- **FY 2007 – 2008 – 2009:**
 - By 2009, increase the dissemination of prevention materials by 30% from levels reported by the ODGP-funded clearinghouse in 2004.
 - By 2009, increase technical assistance to community groups and coalitions by 30% from levels reported by Prevention Michigan in 2004.
 - By 2009, increase prevention of HIV/AIDS and other STI's by 20% from levels illustrated in epidemiological reports of new infections published in 2004.
 - By 2009, increase the number of substance abuse professionals that receive training on effective research-based prevention and treatment interventions by 25% from levels illustrated in reports from the training contractor submitted in 2004.

GOAL THREE – REDUCE THE SUPPLY OF ILLICIT DRUGS

OBJECTIVES:

- **PROMOTE:**
 - Reduce diversion of methadone for illegal uses through effective administrative controls.
 - Reduce the supply of illicit drugs through funding effective interdiction efforts.
- **ENCOURAGE:**
 - Reduce the manufacture and availability of methamphetamine through strategies developed with the Methamphetamine Task Force.
- **IMPROVE:**
 - By 2009, reduce the availability of tobacco to minors by 30% from the level reported in the 2004 Annual Synar Report.
 - Enhance local law enforcement's response to community drug and violence problems through leadership, coordination, collaboration and funding of effective strategies.

GOAL THREE – PERFORMANCE MEASURES

- **FY 2004 – 2005 – 2006:**
 - Reduce the supply of drugs by 5% as measured by an increase in the cost of street drugs reported by the multijurisdictional drug teams
 - Reduce the supply of drugs as measured by the amount of drugs seized by multijurisdictional drug teams.
 - Track the supply of drugs as measured by surveys, hospital admissions, treatment admissions, Office of National Drug Control Strategy evaluations, High Intensity Drug Trafficking reports, Michigan State Police Forensic Lab reports and DEA reports.
 - Track the perceived availability of drugs as measured by the Youth Risk Behavior Survey.
- **FY 2007 – 2008 – 2009:**
 - By 2009, reduce the amount of tobacco products sold to minors through the funding of compliance checks and vendor education by 30% from the level reported in the 2004 Annual Synar Report.
 - By 2009, reduce the number of retailers selling alcohol to minors by 25% from the level illustrated in the report of retail compliance checks conducted by the Liquor Control Commission in 2003.

GOAL FOUR – RESTORE PEOPLE TO DIGNITY

OBJECTIVES:

- **PROMOTE:**
 - Work with State Court Administrative Office (SCAO) and the courts to increase the number of drug treatment courts operating in Michigan from the baseline of 36 operational courts in FY04.
 - Work with Family Independence Agency (FIA) and SCAO to increase the number of family drug treatment courts.
- **ENCOURAGE:**
 - Require the use of standardized assessment tools by all treatment providers to determine placement and treatment completion.
 - Work to have substance abuse criminal convictions expunged after 7 to 10 years of non-criminal convictions.
- **IMPROVE:**
 - Collaborate with stakeholders to provide adequate access to effective treatment for youth, families, pregnant women, the elderly and the offender population.
 - Work with Coordinating Agencies (CAs) and Community Mental Health Agencies to ensure that all substance abuse and mental health clients receive effective case management and follow up services.

GOAL FOUR – PERFORMANCE MEASURES

- **FY 2004 – 2005 – 2006:**
 - Affect substance abuse expunging legislation passage by 2006.
 - Increase the number of substance abusing offenders that participate in drug treatment courts and other correctional-based treatment programs by 20% as reported in program reports by 2009.
 - Establish an integrated system of treatment model for substance abuse and mental illness.

- **FY 2007 – 2008 – 2009:**
 - Reduce the number of parolees returning to prison for drug-related offenses, as measured by parole revocation numbers collected by the Michigan Department of Corrections.
 - Increase by 15% the number of drug treatment court participants that successfully complete the drug treatment court program as reported in program reports by 2009.
 - Increase by 50% the number of family drug treatment courts by 2009.

SECTION III - COMPREHENSIVE APPROACH

Michigan's Office of Drug Control Policy (ODCP) has a unique organizational structure that incorporates all facets of drug policy including education, prevention, treatment and law enforcement. This structure allows a comprehensive level of collaboration for effective programming and results.

A. EDUCATION

The Education Section is the entity responsible for implementing funding portions of federal Title IV, 21st Century Schools, Part A, the Safe and Drug-Free Schools and Community Act contained in the federal *No Child Left Behind Act of 2001* (NCLB). This includes the state grants formula program (80%) and the Governor's Discretionary Grant (GDG) program (20%).

The formula funds allocated to Michigan's public schools, including public school academies, are used to provide research-based primary prevention to children in grades K-12. These programs are intended to prevent and reduce alcohol, tobacco and other drug (ATOD) use and violence. Programs may use strategies such as mentoring, bullying prevention, life skills, anger management and conflict resolution. The public schools are required to work with, and provide services to, the private schools in their districts.

The GDG funds are granted to local nonprofit community groups for a variety of activities intended to prevent and reduce alcohol, tobacco and other drug (ATOD) use and violence. All funded programs and activities must comply with the federal NCLB requirements emphasizing research-based programs and include many of the strategies listed above.

In FY04, Michigan was granted a total of \$16,256,834 in Title IV dollars and the same level of funding is expected for FY05.

B. LAW ENFORCEMENT

The Law Enforcement Section oversees funds from the U.S. Department of Justice (DOJ) to reduce drugs and related violence in Michigan. These grant programs enable Michigan to effectively pursue an integrated strategy that coordinates the components of the criminal justice system to improve the quality of life for its citizens. Disbursement of criminal justice grant funds is based on a process that involves focus groups, program evaluations, corresponding research, site visits and regular contact with criminal justice professionals. This process allows for continual refinement of program areas and the establishment of new priorities to meet identified local and state needs.

Use of the Edward Byrne Memorial funds are outlined in the Byrne Strategy completed by ODCP every four years and updated yearly. It is based on crime and drug trends in the state and the purpose areas chosen to combat these problems. The current purpose areas employed include multijurisdictional drug teams, drug treatment courts, school resource strategies, family and domestic violence programs, community policing and crime analysis, juvenile intervention strategies, media partnership strategies, local correctional resources and criminal justice records improvement projects. Funds awarded in the current fiscal year total \$15.6 million.

The Local Law Enforcement Block Grant (LLEBG) funds are intended to help states and local units of government to implement specific programs to improve the efficiency and effectiveness of the criminal justice system. DOJ awards the funds based on a formula. Jurisdictions that qualify, based on the size of the award, get their funds directly from DOJ. The remaining Michigan funds are awarded directly to ODCP to administer. The total awarded directly to ODCP for FY04 is \$1.5 million.

The Residential Substance Abuse Treatment for Prisoners (RSAT) program involves funds to be used for inpatient treatment in correctional facilities and follow up care in the community. Funds are sub-granted to the Michigan Department of Corrections and the Family Independence Agency for the Maxey Boys Training School. The amount received for FY03 is \$2.1 million. The RSAT program was included in the President's budget for FY04 but was cut in the appropriations process. The future funding of this highly successful program is unresolved at this point.

C. PREVENTION

The Prevention Section oversees two main grant areas, both funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). The first area is the prevention portion of Substance Abuse Prevention and Treatment Block grant (SAPT) and includes state general funds for prevention. The majority of these funds are allocated to the Substance Abuse Coordinating Agencies (CA's) for prevention programming. The Prevention Section also funds the Michigan Resource Center and Prevention Michigan, Inc. Total estimated amount per fiscal year in both federal and state funds is \$16.7 million.

The second largest grant area administered by this Section includes the State Incentive Grant (SIG), also from SAMHSA. This grant is intended to assist in expanding the prevention infrastructure within the State of Michigan. Beginning in FY03, Michigan is expected to receive \$3 million per year for three years. Any unused funds at the end of FY05 will be used in a no-cost extension year.

The Prevention Section also administers state funds to reduce HIV/AIDS and other communicable diseases in the substance abusing population. The total amount of general funds allocated to this is approximately \$2.2 million.

In addition to measuring the extent of the problem using prevalence numbers and crime statistics, research has shown that measuring risk and protective factors can also show a correlation to drug use and other risky behaviors. As reported in the Michigan Substance Abuse Risk and Protective Factors 2000/2001 Student Survey: a) older students tend to demonstrate more risk factors and fewer protective factors than younger students; and, b) risk factors identified in the community, school, family and peer domains include perceived availability of drugs and handguns, norms favorable to toward substance use and parental attitudes favorable toward substance use. These risk factors are strongly associated with recent substance use.

To accurately measure or determine our effectiveness at reducing use of alcohol, tobacco and illicit drugs with confidence, the interventions or strategies must be science based and theory driven and, therefore, scientifically defensible in their application. In order to design a science-based intervention, a series of risk and protective factors must be identified by various domains (individual, family, peer, school, community and society/environment) and targeted for impact. Research indicates that interventions designed to reduce risk factors and increase protective factors can produce a positive

change in attitude and behavior toward alcohol, tobacco and illicit drug use. (Hansen, 1997; Hawkins, Catalano & Miller, 1992)

Beginning in 2000, ODCP has required Regional Substance Abuse CAs to ensure that a minimum of 90% of funded prevention programs met science-based and theory driven criteria developed by the Center for Substance Abuse Prevention. Beginning in 2002, ODCP required CAs to collect data on specific performance measures related to the goals of reducing drug use and decreasing positive attitudes about drug use.

D. TREATMENT

The Treatment Section provides leadership and policy direction to Coordinating Agencies (CAs) for the statewide publicly funded substance abuse treatment delivery system. The plan is to develop and implement a service delivery system that promotes a continuum of care (prevention, intervention, treatment and recovery). The major treatment focus areas include individualized client driven treatment, workforce development, evidence-based practices, accountability and recovery.

Funds for substance abuse treatment are provided through the SAMHSA funded SAPT block grant, state generated dollars, state disability assistance (SDA), Medicaid and other state-restricted dollars. These treatment dollars are allocated to the substance abuse CAs that then contract with treatment providers in their region. The amount available for these services is approximately \$57.5 million.

Oversight of treatment programming is accomplished through data analysis, annual planning, monitoring, implementing best practices strategies, providing technical assistance and trainings.

Treatment services include sub-acute detoxification, outpatient, intensive outpatient, and short and long-term residential methadone/buprenorphine adjunct therapy. Other services include access, assessment and referral services and services to women and families. There were 65,584 treatment admissions in FY03.

Current and future directions include implementing evidence-based treatment services, increasing access, establishing minimum skill set for substance abuse counselors, providing recovery support and improving client outcomes.

SECTION IV - LIST OF INITIATIVES AND COLLABORATIONS

The Michigan Office of Drug Control Policy (ODCP) has, as one of its charges, to serve as the coordinating office for all agencies that are responsible for programs related to drug-abuse education, prevention, treatment and law enforcement. To this end, ODCP works diligently with all stakeholders to provide effective programming that is also cost efficient. Below is a partial inventory of initiatives with the partners included in each of these initiatives.

Co-Occurring Policy Academy

The vision for Michigan is that persons with co-occurring disorders will live productive, quality lives with dignity through access to integrated, comprehensive services and support regardless of age or circumstances.

The academy's goal is to: develop a mechanism to assist substance abuse and mental illness system's change process; to articulate a clear, predictable integration plan to all stakeholders; and, to be able to institutionalize its system's changes to create more stable services regardless of the political environment. In addition, the academy's plan will enable Michigan to have an integrated system for co-occurring treatment and have a more proactive co-occurring prevention strategy for both children and adults.

Drug Treatment Courts

One of the most effective ways to break the cycle of drug use and criminality is to engage substance-abusing offenders in drug treatment court programs. Governor Granholm has worked to expand the number of drug treatment courts in Michigan by dedicating funds from various sources to fund drug treatment court programs. ODCP works closely with the State Court Administrative Office (SCAO), the Michigan Department of Corrections (MDOC), Michigan State Police/Office of Highway Safety Planning (OHSP), the Family Independence Agency (FIA), the Michigan Association of Drug Court Professionals (MADCP) and the individual courts to expand the drug treatment court capacity and efficacy within Michigan. In FY04, there are 36 operational drug treatment courts with 27 in the planning stages. The largest increases in FY05 are expected to be specialized courts that target juvenile offenders and prison bound offenders. In addition, family courts that seek to assist substance-abusing parents in dealing with their addictions and keeping families intact will be an area of expansion. Both OHSP and MDOC are involved in expanding drug treatment courts for drunk driving offenders. These courts not only restore people to dignity but also save lives and public funds by reducing incarceration and other criminal justice costs in the long run.

Geographic Information System Mapping Initiative

In collaboration with the Michigan Center for Geographic Information (CGI) and the Department of Information Technology, ODCP is developing and promoting the dissemination of ODCP-funded initiatives, geographically, for our citizens, customers, grantees and those interested in the range of substance abuse services available in Michigan. This interactive web-mapping tool allows individuals to search various locations, counties, legislative districts and regional coordinating bodies and view the results on a map. Other information will be added to the map such as treatment admissions, drug arrests and incidence of drug use to guide and inform decision makers.

HIV/AIDS and Communicable Disease Prevention

ODCP works closely with the MDCH/Public Health Administration, Division of HIV/AIDS-STD to reduce the incidence of HIV/AIDS and other communicable diseases within the substance abusing population. The two agencies cooperatively fund regional training sites and provide workshops to the health and human service network.

Healthy Michigan 2010 – Prescription for a Healthier Michigan

Abuse of alcohol and illicit drugs is associated with a variety of social concerns including child and spousal abuse, sexually transmitted diseases (including HIV), unintended pregnancy, school failure, motor vehicle crashes, escalation of healthcare costs, reduced worker productivity and other disruptions in family and personal life. From a public health perspective, use and abuse of alcohol and drugs causes or impacts on chronic disease, poor nutrition, infant mortality and morbidity, spread of infectious diseases, mental health and injury and violence. From a community perspective, it is estimated that up to 80% of all convicted felons in Michigan have an underlying substance abuse problem that either led to or contributed to their criminality.

In 2004, Michigan's Surgeon General, Dr. Kimberlydawn Wisdom, launched an effort to create a healthy lifestyle recommendation for Michigan's citizens titled: *Prescription for a Healthier Michigan*. Because the connection between substance use and poor health is well known, ODCP became involved in the effort to craft and implement the Prescription.

Impaired Drivers Workgroup

The Michigan State Police (MSP)/Office of Highway Safety Planning (OHSP) brought together a group to work on reducing the number of impaired drivers on Michigan highways. This group includes MSP/Uniform Services, MDCH/ODCP, MDOC, Michigan's Secretary of State Office, SCAO, the Michigan Licensed Beverage Association, the Prosecuting Attorney's Association of Michigan and others. This group works diligently to plan use of public funds to have the greatest impact on reducing drunk driving crashes. Some of the past projects include the impaired driving legislative package on repeat offenders, .08 legislation, training for servers, the Alcohol Forum, a literature review on best practices to reduce drunk driving recidivism and, most recently, work to increase the number of Driving Under the Influence (DUI) courts.

Michigan Association of Substance Abuse Coordinating Agencies, Inc.

The Michigan Association of Substance Abuse Coordinating Agencies, Inc. (MASACA) represents 16 local substance abuse coordinating agency directors serving all 83 counties in Michigan. Coordinating agencies provide a coordinated, cooperative, working relationship with private and public agencies, service and civic groups, schools and churches, and others who have the objective of meeting individuals and community needs as they relate to the prevention and treatment of substance abuse. The Michigan Department of Community Health's, Office of Drug Control Policy (ODCP) contracts with the coordinating agencies to provide efficient planning, funding, administration and evaluation of local substance abuse prevention and treatment programs. ODCP collaborates with MASACA on policy and program development and implementation.

Methamphetamine Committee

As mentioned in the emerging drug trends section, methamphetamine is a growing concern in Michigan. As methamphetamine began to threaten Michigan, various groups came together to plan and execute a comprehensive plan of attack. This methamphetamine committee includes MDCH/ODCP, MSP, U.S. Drug Enforcement Administration (DEA), U.S. Customs Service, Michigan High Intensity Drug Trafficking Area (MI-HIDTA), FBI, Prosecuting Attorneys Association of Michigan, SCAO, various county and city police agencies, Department of Agriculture, Department of Environmental Quality (DEQ), Michigan Association of Substance Abuse Coordinating Agencies (MASACA), retailers associations, media associations, the U.S. Attorneys' Offices and others. In March of 2002, ODCP convened leaders to develop a statewide strategy aimed at attacking methamphetamine use and production, while heightening our responses in enforcement, prevention, the environment and treatment.

In FY04, ODCP applied for and received a grant from SAMHSA/Center for Substance Abuse Prevention (CSAP) to further prevention efforts around methamphetamine.

Michigan After-School Initiative

The Michigan Department of Education and Family Independence Agency convened a task force in 2003 in response to House Resolution No. 26, which asks them to develop quality after-school programs for all Michigan children. This is named the Michigan After-School Initiative (MASI). ODCP is keenly aware of the growing body of evidence suggesting that youth are most "at risk" during the after-school hours. During the hours of 3 p.m. to 6 p.m., the occurrence of juvenile crime triples and is the same time period when youth are most likely to become victims of crime.

MASI's first task was to develop a broad coalition of state departments and organizations committed to after-school issues and involved in youth development, child care, child advocacy, schools, community work, faith based initiatives and other related concerns. ODCP participated as a member of this task force and assisted with preparation of the final report.

Michigan High Intensity Drug Trafficking Area (HIDTA)

The Office of National Drug Control Policy funds initiatives in areas that they designate as High Intensity Drug Trafficking Areas. Michigan has this designation for nine counties in southeast and western Michigan along the I-94 corridor. The ODCP Director is a member of the Michigan HIDTA Board of Directors. This group brings together the Michigan State Police, Michigan Attorney General, Sheriffs, Chiefs of Police, Drug Enforcement Agency (DEA), U.S. Customs and Immigration agencies, the Prosecuting Attorney's Association and others to concentrate additional effort to eradicate drugs in these areas.

Michigan Model State Steering Committee

ODCP, Department of Community Health, Family Independence Agency, Department of Education, State Police and the Comprehensive School Health Coordinators Association work together to oversee the development, refinement and implementation of the Michigan Model for Comprehensive School Health. The Michigan Model, which is Michigan's public schools health curriculum, is a nationally recognized program and is listed in the United States Department of Education's list of promising programs.

Multijurisdictional Drug Teams

Multijurisdictional drug teams integrate federal, state, county and local law enforcement agencies and prosecutors for the purpose of enhancing inter-agency coordination and intelligence. These teams facilitate multijurisdictional investigations to remove mid and upper-level narcotic dealers and related conspiracies and assist in solving regional and local community drug and violent crime-related problems. The teams also participate in disrupting and dismantling money laundering organizations. ODCP works closely with MSP, federal and local law enforcement agencies to disrupt drug dealing and increase the effectiveness of the funded drug teams.

Offender Re-entry Project

ODCP is a partner in the offender re-entry project that is seeking to implement the Transition of Prisoners to Community Initiative (TPCI). This federally initiated project is led by MDOC and seeks to assist prisoners become successful in the community by implementing a Transition Accountability Plan (TAP) early in their incarceration. TAP is designed to assess the needs of the prisoner and plan how those services will be delivered either before or at the time of release. Other partners in this project include the Governor's Office, FIA, MDCH, MADCP, Department of Labor and Economic Growth (DLEG) and a wide variety of community partners.

Office of Community & Faith Based Initiatives

ODCP is a partner with the Office of Community & Faith Based Initiatives for Governor Granholm. This partnership was established to better engage community and faith based stakeholders throughout the state to better disseminate information about funding opportunities available through the State of Michigan, facilitate the creation of new collaborative relationships with existing community and faith based groups, and to further involve these groups in state agency initiatives. Other partners in this initiative include the Governor's Statewide Faith Based Steering Committee for Special Projects, MDCH, MDE, MDEC, FIA, HAL, MDOC, DNR, Department of Labor and Economic Growth (DELG), Office of Service for the Aging (OSA), and Civil Service.

The Office of Community & Faith Based Initiatives is currently operating a Listserv to disseminate information to community and faith based leaders, and in partnership with the aforementioned state agencies, is planning the Governor's Education & Information Symposium for the fall of 2004.

Older Adult Substance Abuse Treatment and Prevention Workgroup

ODCP funds a coordinated substance abuse project through the Gerontology Network. This project is responsible for conducting training targeted to agencies that provide substance abuse prevention and treatment services to older adults.

Prevention and Treatment Workforce Development Workgroups

Having a qualified, well-trained and prepared workforce is essential to the quality of a system and the services it delivers. To that end, MDCH/ODCP is participating in Prevention and Treatment Workforce Development Workgroups. These workgroups include representatives, not only from MDCH/ODCP but also from the Michigan Association of Substance Abuse Coordinating Agencies (MASACA), the Michigan Certification Board of Addiction Professionals and prevention and substance abuse programs. These workgroups have the responsibility to develop recommendations related to the status of workers in the field of substance abuse who deliver services under authority of MDCH/ODCP. These workgroups are developing recommendations for a competency-based identity for substance abuse prevention and treatment professionals that will both define a standard of practice and ensure retention and future development of a body of competent professionals in the substance abuse prevention and treatment arenas.

Rally 05 - Celebrate, Educate and Motivate!

The ODCP Director has convened a group of interested parties to plan a huge event that will draw attention to the issue of substance abuse. Recovering addicts will celebrate their recovery. People that have chosen not to use will celebrate their choices. Young people will be educated about the importance of abstaining from alcohol, tobacco and other drugs. All involved will be motivated to carry the message of a drug free Michigan.

This rally will take place on September 16, 2005 at Ford Field in Detroit. WWJ Radio, U.A.W., Community Mental Health, Substance Abuse Coalitions, Law Enforcement, Youth Groups, Faith Based Communities, MDCH/ODCP and numerous groups are already engaged in the planning for this event. It is hoped that 10,000 or more people will attend to raise awareness of this important issue.

Resources for Recovery

In FY03, MDCH worked with a variety of stakeholders to obtain a Robert Wood Johnson Foundation technical assistance grant. The group includes MDCH/Medicaid, MDCH/Mental Health, MDCH/ODCP, MDOC, MASACA, FIA, Community Mental Health, treatment providers and Coordinating Agencies (CAs). The purpose of this grant is to help states to more efficiently fund treatment services and to remove the barriers of receiving services based on funding sources. A team from Michigan attended the first technical assistance training in the fall of 2003. At that time, the team decided to focus on the area of treatment services for the offender population. This work is very timely when the Offender Re-entry Project is taken into consideration.

Safe and Drug-Free Schools & Communities Act (SDFSCA) State Steering Committee

Established by ODCP, this committee serves in an advisory capacity to the Education Section. Past efforts include guidance documents, grant application form recommendations, technical assistance planning and implementation and strategic planning for SDFSCA programs. Committee members include SDFSCA coordinators from local educational agencies, intermediate school districts, non-public schools and the Michigan Department of Education, as well as ODCP Education Section staff.

State Incentive Grant Project and Advisory Committee

During FY02, Michigan applied for and received a State Incentive Grant (SIG) from the Center for Substance Abuse Prevention (CSAP). This grant totals \$9 million over three years and will strengthen the state's prevention infrastructure. A crosscutting theme in this effort will be the enhancement of effective prevention services through the increased use of research-based planning models and intervention strategies. As a part of the SIG process, an advisory committee was formed that represents a broad spectrum of the prevention stakeholders to guide the process. In FY03, the advisory committee recommended 19 local projects to the Governor's Office, which were approved.

Substance Abuse and Child Welfare Collaboration Project

Since 1999, the Departments of Community Health, Family Independence Agency and the State Court Administrative Office have been addressing system complexities surrounding child abuse and neglect cases where parental substance abuse is an issue. Through this collaborative effort, the group has

produced training and technical assistance opportunities, protocols to improve communication across systems, community forums and a strategic plan. The strategic plan includes:

- Development and dissemination of a communication protocol between the partners that address families and children from Levels 1-3, at different points on the continuum from substance abuse screening to treatment and aftercare monitoring.
- Development and dissemination of a Michigan specific protocol for screening, assessment, engagement and retention in treatment.
- Development and dissemination of a guide for family drug treatment courts that includes a continuum of comprehensive approaches from no cost and low cost strategies and includes a model protocol for implementation.
- Plan to leverage and maximize funding and develop contracting mechanisms for implementation.
- Development and implementation of an evaluation plan.

Underage Drinking Initiative and Impaired Drivers' Workgroup

The Office of Highway and Safety Planning (OHSP) and ODCP have worked in partnership on numerous initiatives. Both recognize the importance of reducing substance use and abuse to assure the health and safety of all Michigan citizens. As a result of these collaborations, the incidence of alcohol-related fatalities has decreased by approximately 30% across the state.

OHSP and ODCP jointly fund the Prevention Network (including the Michigan Coalition to Reduce Underage Drinking) and the Michigan Resource Center. These agencies both support the state's vision of reducing the prevalence of underage drinking and making the roads safe for all Michigan citizens.

Youth Access to Tobacco Workgroup

ODCP has established a Youth Access to Tobacco Workgroup. This workgroup is charged with strengthening existing collaborative efforts and creating new relationships that will fortify ODCP's efforts to reduce youth access to tobacco and enforcement of the Youth Tobacco Act (P.A. MCL 722.641 et seq.). Workgroup members include MDCH/Public Health, Michigan State Police, Michigan Sheriff's Association, Michigan Retailers Association, the Michigan Liquor Control Commission, the Michigan Office of Attorney General, the Lottery Bureau, numerous tobacco coalitions and many others.